

RELOCATION INCENTIVE NOMINATION/JUSTIFICATION

I. INDIVIDUAL INFORMATION

Name		SSAN	Proposed Technician Report Date
Pay Plan-Series-Grade-Step	Position Title	Name of Organization	
Last Appraisal Rating	Length in Months of the Service Agreement	Duty Location	

II. DETERMINATION OF THE AMOUNT OF RELOCATION INCENTIVE

Requested Percentage	Criteria Used to Establish the Percentage
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III. JUSTIFICATION

Describe in detail all of the following criteria. Failure to address all items will result in the request being returned without action. Information regarding the following areas may be continued on additional pages.

1. Unsuccessful efforts to recruit candidates for this or similar positions.

2. Turnover in this or similar positions.

3. Labor market factors and special qualifications needed for this position.

IV. NOMINATING SUPERVISOR CERTIFICATION

I certify that in the absence of a Relocation Incentive, difficulty would be encountered in filing this position. The applicant has signed the CNG Form 690-22, Relocation Incentive Service Agreement, and it is attached.

Name/Title	Signature	Date	Telephone
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V. COMMANDER/DIRECTOR CERTIFICATION

I concur with this request.

Name	Signature	Date	Telephone
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VI. COMPTROLLER CERTIFICATION OF FUNDING AVAILABILITY (ANG ONLY)

I certify that funds are available for this action.

Name	Signature	Date	Telephone
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VII. DIRECTORATE OF HUMAN RESOURCES USE ONLY

Nature of Action	Authority	Relocation Incentive Amount	Effective Date
816 RELOCATION INCENTIVE	VPF 5 USC 5733	\$	

Remarks:

- Member has signed a service agreement valid through _____.
- Current Year Aggregate Limitation on Pay \$ _____ (5 CFR 530.202)
- Annual Rate of Basic Pay x Relocation Incentive % x Length of Service Agreement = Incentive Amount
\$ _____ X _____ X _____ = \$ _____
- NOTE: Relocation Incentive cannot be paid until the member has established a new residence at the new duty location. Address of New Residence:
_____, _____, _____
Address State ZIP Code

REVIEWS/APPROVAL

I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.

HUMAN RESOURCES SPECIALIST	Signature	Date
HUMAN RESOURCES SPECIALIST	Signature	Date
DIRECTOR/DEPUTY DIRECTOR OF HUMAN RESOURCES	Signature	Date